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7590

10/28/2004

Timothy M Kelley Michael Best & Friedrich 100 East Wisconsin Avenue Milwaukee, WI 53202-4108 01/26/2005 SSITHIB2 00000029 10030853

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Depositor's name)
(Signature)
(Date)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/030,853	01/11/2002	Jeff G. Van Nice			018049-9030	4161	
TITLE OF INVENTION: S	EPARATOR SHEET HAN	DLING ASSEMBL	Y				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$685		\$0	\$685	01/28/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
BOWER, KENNETH W		3653	53 209-599000			•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Michael Best & Friedrich LI				
	RESIDENCE DATA TO I						
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appea Γa substitute fo	on the patent. If an as filing an assignment.	signee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Arrowhead Systems LLC				lph, WI	_		
Please check the appropriate	e assignee category or category	ories (will not be pri	inted on the pat	ent): 🗖 Individual 💆	Corporation or other private g	roup entity Government	
4a. The following fee(s) are	enclosed:		Payment of Fe				
Sissue Fee			A check in the amount of the fee(s) is enclosed.				
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
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Typed or printed name

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.